



| | | | |
|---|---|--|---|
|  | United States Environmental Protection Agency Washington, DC 20460 | <input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other | OPP Identifier Number |
| Application for Pesticide – Section I | | | |
| 1. Company/Product Number 707-313 | | 2. EPA Product Manager John Hebert | |
| 4. Company/Product (Name) SILVADUR™ | | 3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted | |
| 5. Name And Address Of Applicant (Include ZIP Code) NUTRITION & BIOSCIENCES US 2, LLC 1652 Larkin Center 100 Larkin Drive Midland, MI 48642 | | 6. EPA Reg. No. _____ Product Name _____ | |
| <input type="checkbox"/> Check if this is a new address | | | |
| Section II | | | |
| <input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Final Printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input checked="" type="checkbox"/> Notification – Explain below. <input type="checkbox"/> Other – Explain Below. | | | |
| Explanation: Use additional page(s) if necessary. (For section I and Section II.) Label Notification | | | |
| Section III | | | |
| 1. Material This Product Will Be Packaged In: | | | |
| Child Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * Certification must be submitted | Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container | Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container | 2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) <u>HDPE</u> |
| 3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container | | 4. Size(S) Retail Container Various | |
| 5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product | | | |
| 6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithographed <input type="checkbox"/> Other _____ <input type="checkbox"/> Pager glued <input type="checkbox"/> Stenciled | | | |
| Section IV | | | |
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) | | | |
| Name Joanne Ryder | | Title Lead Product Stewardship Regulatory Manager Telephone No. (Include Area Code) 302 695 6401 | |
| Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. | | | 6. Date Application Received (Stamped) |
| 2. Signature  | | 3. Title Lead Product Stewardship Regulatory Manager | |
| 4. Typed Name Joanne Ryder | | 5. Date March 8, 2021 | |